

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	AT		3-8-00
O.I.P.E. CLASSIFIER		15	3-15-00
FORMALITY REVIEW	CM	71632	5/3/00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral) ... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
1	10/3/99
2	11/1/99
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If more than 150 claims or 10 actions  
staple additional sheet here

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